



Please type a plus sign (+) inside this box

→

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/718,944
		<b>Filing Date</b>	11/21/2003
		<b>First Named Inventor</b>	Sedlmayr
		<b>Group Art Unit</b>	2872
		<b>Examiner Name</b>	Lee A. Fineman
<b>Total Number of Pages in This Submission</b>	26	<b>Attorney Docket Number</b>	AUO1019

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, Form 1449, & Required Reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Office of Roxana H. Yang (Reg. No. 46,788)
Signature	
Date	December 29, 2004

## CERTIFICATE OF MAILING/FACSIMILE

I hereby certify that this correspondence is being sent to the United States Patent and Trademark Office with sufficient postage as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

December 29, 2004

Type or printed name	Roxana H. Yang		
Signature		Date	December 29, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



12-30-04

U.S. Pat. App. No. 10/718,944

IFW

Express Mail Label No. EV 506741959 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SEDLMAYR

Serial No. 10/718,944

Filed: November 21, 2003

For: *High Efficiency Electromagnetic  
Beam Projector, and Systems and  
Methods for Implementation Thereof*

Group Art Unit: 2872

Examiner: Fineman, Lee A.

Attorney Docket No. AUO1019

Date: December 29, 2004

AMENDMENT & RESPONSE

Assistant Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the office action mailed on September 30, 2004. The 3-month period for response expires on December 30, 2004.